

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000080586

1. Entity Name
DANDEE DONUT DINER, INC.



**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90474 045 ***150.00

Principal Place of Business
102 NORTH 28TH AVE.
HOLLYWOOD, FL 33020

Mailing Address
102 NORTH 28TH AVE.
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1180679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PUCINE, FRANK A
102 NORTH 28TH AVE.
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PUCINE, FRANK A
STREET ADDRESS 102 NORTH 28TH AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ST
NAME PUCINE, LAURA
STREET ADDRESS 102 NORTH 28TH AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank A. Pucine FRANK A. PUCINE 4/26/07 954-929-1118